



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



VIOLENCE
PREVENTION

Stand Up SA

PROGRAM SUMMARY AND HISTORY

Cure Violence Global was founded in 1995 by Dr. Gary Slutkin. When returning to Chicago from treating contagious diseases in other countries, he became concerned about the epidemic of gun violence. His idea of treating violence as a contagious but curable disease became a proven, evidence-based standard. In 2015, Stand Up SA (SUSA) adopted Dr. Slutkin's model to treat the violence problem unique to San Antonio. The Stand Up model sees violence as a contagious but preventable disease when all elements in a community work together to reduce or end violence. The model presumes that, like all behavior, violent behavior responds to structures, norms, and incentives.

SCOPE OF THE ISSUE

While the public's attention is drawn to mass shootings, most gun deaths in the U.S. result from interpersonal conflicts. These deaths fall heavily on communities of color, particularly on young men of color. For example, in Bexar County, homicide is one of the top 5 causes of death in people ages 15 – 44. In addition, exposure to gun violence increases depression, substance abuse, food insecurities, and other forms of violence. Intervening early provides a better chance for reduced trauma, fewer instances of witnessing violence, and fewer visits to the hospital for gun-related injuries.



KEY COMPONENTS OF CURE VIOLENCE

- 1 DETECT AND INTERRUPT** violent conflicts and violent retaliations (analogous to stopping epidemics).
- 2 IDENTIFY AND TREAT** the people most at risk of violence by helping them to change behavior, leave gangs, learn conflict resolution skills and get assistance with employment, etc.
- 3 MOBILIZE** community to shift social norms to non-violence and support the individual-level changes made by Cure Violence participants.

STAND UP SA AND VIOLENCE PREVENTION

One of the most significant predictors of violence is previous violence. SUSA employs 'Credible Messengers' that serve as Violence Interrupters and Outreach Workers hired to stop violent incidents through direct intervention. Outreach Workers form relationships with high-risk youth and monitor ongoing disputes to learn about potential acts of retaliation before they happen. In addition, they help

at-risk individuals think differently about violence and change their behaviors. Metro Health employs 25 staff: 10 covers the Eastside, 10 work the Westside, and 3 work with Level 1 Trauma Hospitals, a Data Analyst who measures program achievements, and a Case Manager who performs intensive case management services, including screening, assessments, and referrals for wrap-around services.



70

Number of Active
Participants



46

Number of
Mediations



62

Number of
Mediation
Follow Ups

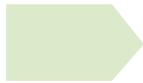


HOSPITAL RESPONDERS

Connecting with people during their most vulnerable time is key to preventing them and their family members from becoming victims of violence. Hospital-based intervention recognizes that people seek to change after a life-altering experience, such as being shot or experiencing an accident. Responders provide crisis intervention at Level 1 Trauma Hospitals, BAMC, and UHS. They work with

both hospitals to implement hospital-based violence intervention programs and shift from crisis intervention to case management (incorporating Trauma-Informed Care). These partnerships allow hospitals to address the short-term, crisis-driven needs while allowing SUSA to gather critical information and intervene on-site to reduce the chances of violence due to retaliation.

Violent Injury



Hospital "Window of Opportunity"

Consequences of Trauma



Physical Wounds



Emotional Wounds



Self Medication



Joblessness



Court Involvement

HVIP



Assessment



Psychoeducation



Case Management



Counseling/Therapy



SELF Groups

Goals



Safety



Manage Emotions



Loss/Letting Go



Future



Health Care



Education



Jobs

Case Manager

Our Case Manager performs intensive case management services, including screening, assessments, and referrals to families with the highest needs, such as those related to experiencing trauma, exposure to violence, and other at-risk factors. Additionally, coordination with other programs provides families in crisis with community resources such as

food, housing, clothing, transportation, and education.

Data Analyst

Our Data Analyst develops and implements proactive analysis (trends and data analysis) to develop actionable strategic information, improve data collection efforts, track participants' progress and create reports to demonstrate fulfillment of our measurements..



COMMUNITY PARTNERS

Alliances with the level 1 trauma centers, BAMC, and University Health provide direct lines of communication with hospitalized victims, My Brother's Keeper SA grants staff opportunities to speak with students who can benefit from restorative justice, and reestablishing our connection with Cure Violence gives us access to a network of resources.

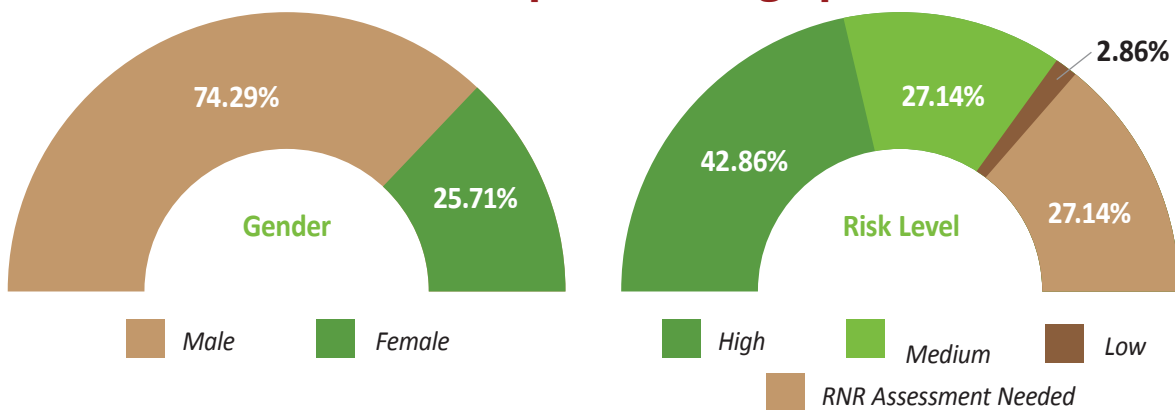
FY2021 DATA

Who We Serve

Participants should have at least 4 of the following characteristics

- ▶ 16-25 Years Old
- ▶ History of Violence
- ▶ Engaged in High-Risk Street Activity
- ▶ Formerly Incarcerated
- ▶ Previously Shot/Close to Shooting Victim
- ▶ Alleged Weapons Carrier
- ▶ Active in Violent Street Organization

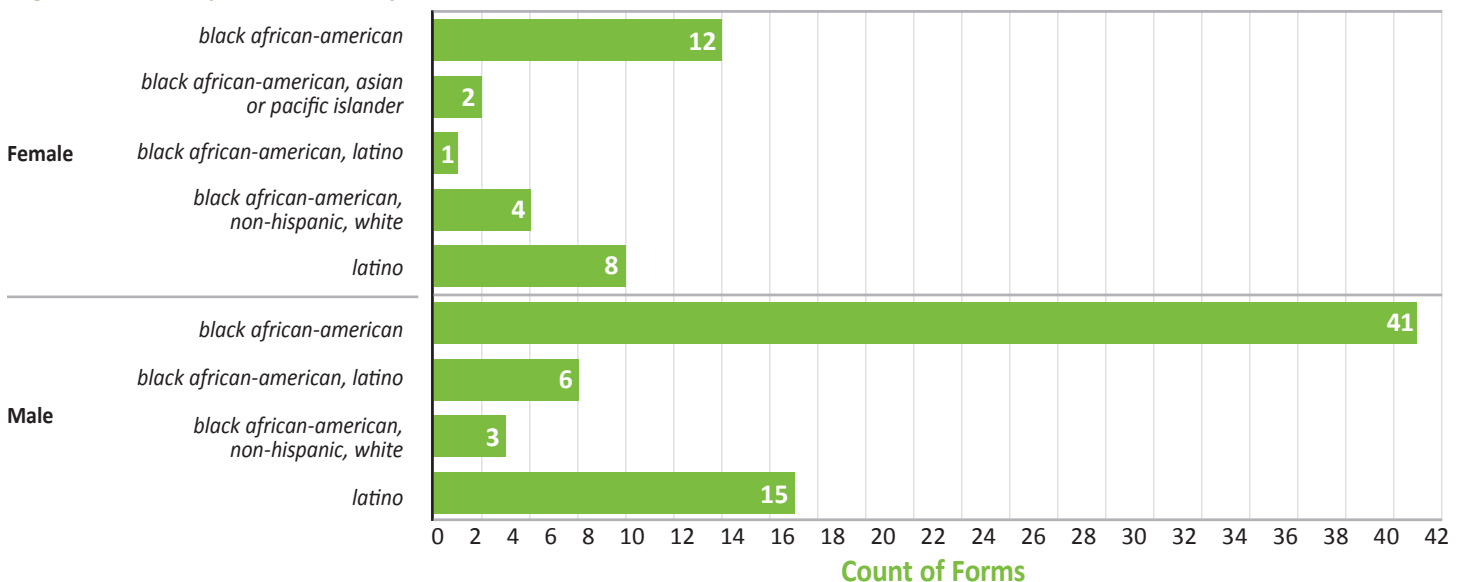
Active Participants' Demographics



Participant
gender

Participant's race/ethnicity

Gender & Race of Participants





INITIATIVES

In conjunction with UNICEF, Cure Violence has also implemented gender-based violence programs in several Latin countries. Such as in countries like Honduras to impede sexual violence or murder perpetrated by men who are not the victim's partner and protecting trans individuals who are also targeted because of social norms. Trends have indicated that these tendencies are also present in San Antonio, leading to an additional team to address these issues locally.

The school to prison pipeline is also directly correlated to the problem: identifying young men of color as 'problem children' and placing them in punitive situations has long-lasting consequences in their lives and the spread of violence. On the

other hand, restorative justice allows people who have done harm and have been harmed to realize their actions and grants everyone a safe place to heal rather than be needlessly punitive.

We will also be working with the Ecumenical Center for Education, Counseling, and Health which provides counseling for children, adults, and families who seek to release from depression, anger, and other mental health issues that can disrupt lives and families. The Center will provide monthly debriefings and individual counseling sessions for SUSA staff with a licensed clinician. Counseling sessions will also be provided for participants who have experienced a violent or traumatic situation recommended by staff.

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